ACADEMIC GRIEVANCE FORM
CCAS Undergraduate Studies Office
801 22nd St, NW
Phillips Hall 107
Washington, DC 20052
Phone: (202) 994-6210 Fax: (202) 994-6213

Name: ____________________________________________
Last Name    First Name    M.I.

GW E-mail:_________________________@gwmail.gwu.edu  Alternate Email (optional): ________________

Department/Program:__________________________________________  Degree: _______________________

Grievance Type:
☐ Grade in course or portion of course
☐ Other required examinations
☐ Other: ______________________________________________________

You must include the following items with your submission:

- syllabus
- a statement describing the issue (maximum 2 pages)
- electronic communication between you and the professor
- examples of your work
- any other related materials.

Student Signature:______________________________________________  Date: ________________

Chair or Program Director:_________________________________________  Date: ________________

Has the student followed Step 1 of the Grievance procedure? ☐ Yes  ☐ No

What was the result of Step 1?

______________________________________________________________
Dean’s Comments:

Dean’s Signature:______________________________________________  Date: ________________